

4768

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 574	
1. PLACE OF DEATH				COUNTY <u>Yavapai</u> STATE <u>ARIZONA</u>			
TOWNSHIP _____ OR VILLAGE _____				CITY <u>Prescott</u> NO. <u>County Hospital</u> ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. <u>6</u> DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.				2. FULL NAME <u>Clinton Acrey</u> HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.			
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD <u>Skull Valley</u>				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Edna Acrey</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 26, 1892.</u>							
7. AGE	YEARS <u>43</u>	MONTHS <u>9</u>	DAYS <u>11</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.			
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Rancher</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____						
12. BIRTHPLACE (CITY OR TOWN) <u>Brownwood</u> (STATE OR COUNTY) <u>Texas</u>							
FATHER	13. NAME <u>J. F. Acrey</u>						
	14. BIRTHPLACE (CITY OR TOWN) <u>No Record</u> (STATE OR COUNTY) <u>Georgia</u>						
	15. MAIDEN NAME <u>Unknown</u>						
MOTHER	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____						
	17. INFORMANT <u>Mrs. Edna Acrey</u> (ADDRESS) <u>Skull Valley, Arizona.</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Skull Valley, Arizona</u> DATE <u>June 9, 1936</u>							
19. EMBALMER { LICENSE NO. <u>8 A</u> SIGNATURE <u>Lester Ruffner</u> FUNERAL DIRECTOR <u>Lester Ruffner</u> ADDRESS <u>Prescott, Arizona.</u>							
20. FILED <u>June 8, 1936</u> REGISTRAR <u>J. P. McHally</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6/7/36</u> 19							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>June 1, 36</u> TO <u>June 7, 36</u>							
I LAST SAW HIM ALIVE ON <u>June 7, 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:30 PM.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET <u>5/24/36</u>							
<u>Cobal Pneumonia</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS <u>Diagnosis</u> WAS THERE AN AUTOPSY? <u>Yes</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19 _____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____							
IF SO, SPECIFY (SIGNED) <u>E. C. Sam</u> M. D. (ADDRESS) <u>Prescott, Arizona.</u>							